

STATE OF ILLINOIS

Page 2

Facility Name & ID Number The Plum Grove of Palatine# 0038794 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>69</u>	Skilled (SNF)	<u>69</u>	<u>25,185</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>69</u>	TOTALS	<u>69</u>	<u>25,185</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>7,117</u>	<u>8,321</u>	<u>2,283</u>	<u>17,721</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>7,117</u>	<u>8,321</u>	<u>2,283</u>	<u>17,721</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 70.36%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been
eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 08/01/1993

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 08/01/1993NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐If YES, enter number
of beds certified 69 and days of care provided 2,267Medicare Intermediary AdminaStar Federal - Springfield

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Page 3

Facility Name & ID Number The Plum Grove of Palatine # 0038794 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	160,438	12,572	7,478	180,488		180,488	1,381	181,869			1
2	Food Purchase		107,398		107,398		107,398	(5)	107,393			2
3	Housekeeping	65,115	22,831	13,443	101,389		101,389	(372)	101,017			3
4	Laundry	32,819	3,704		36,523		36,523		36,523			4
5	Heat and Other Utilities			56,033	56,033		56,033	701	56,734			5
6	Maintenance	41,462		57,346	98,808		98,808	3,256	102,064			6
7	Other (specify):*			51	51		51	384	435			7
8	TOTAL General Services	299,834	146,505	134,351	580,690		580,690	5,345	586,035			8
	B. Health Care and Programs											
9	Medical Director			1,500	1,500		1,500		1,500			9
10	Nursing and Medical Records	1,117,978	12,318	18,999	1,149,295		1,149,295	(332)	1,148,963			10
10a	Therapy		1,067	178,044	179,111		179,111	167	179,278			10a
11	Activities	46,930	4,267	2,191	53,388		53,388		53,388			11
12	Social Services	32,633			32,633		32,633		32,633			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*			2,484	2,484		2,484	(405)	2,079			15
16	TOTAL Health Care and Programs	1,197,541	17,652	203,218	1,418,411		1,418,411	(570)	1,417,841			16
	C. General Administration											
17	Administrative	74,014			74,014		74,014	10,416	84,430			17
18	Directors Fees											18
19	Professional Services			39,102	39,102		39,102	6,428	45,530			19
20	Dues, Fees, Subscriptions & Promotions			12,333	12,333		12,333	1,506	13,839			20
21	Clerical & General Office Expenses	54,859	18,337	33,334	106,530		106,530	56,563	163,093			21
22	Employee Benefits & Payroll Taxes			213,587	213,587		213,587		213,587			22
23	Inservice Training & Education			214	214		214		214			23
24	Travel and Seminar			1,064	1,064		1,064	1,462	2,526			24
25	Other Admin. Staff Transportation			1,114	1,114		1,114		1,114			25
26	Insurance-Prop.Liab.Malpractice			59,108	59,108		59,108	522	59,630			26
27	Other (specify):*			1,094	1,094		1,094	8,268	9,362			27
28	TOTAL General Administration	128,873	18,337	360,950	508,160		508,160	85,165	593,325			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,626,248	182,494	698,519	2,507,261		2,507,261	89,940	2,597,201			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

The Plum Grove of Palatine

#0038794

Report Period Beginning:

01/01/05

Ending:

12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			17,893	17,893		17,893	29,264	47,157			30
31	Amortization of Pre-Op. & Org.							25,650	25,650			31
32	Interest							18,520	18,520			32
33	Real Estate Taxes			147,074	147,074		147,074	576	147,650			33
34	Rent-Facility & Grounds			222,000	222,000		222,000	(219,272)	2,728			34
35	Rent-Equipment & Vehicles			3,270	3,270		3,270	492	3,762			35
36	Other (specify):*											36
37	TOTAL Ownership			390,237	390,237		390,237	(144,770)	245,467			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		108,234		108,234		108,234	(2,420)	105,814			39
40	Barber and Beauty Shops			3,712	3,712		3,712		3,712			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			37,778	37,778		37,778		37,778			42
43	Other (specify):* Nonallowable Costs			126,128	126,128		126,128	(126,128)				43
44	TOTAL Special Cost Centers		108,234	167,618	275,852		275,852	(128,548)	147,304			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,626,248	290,728	1,256,374	3,173,350		3,173,350	(183,378)	2,989,972			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See Schedule of adjustments attached at end of cost report.

STATE OF ILLINOIS

Page 5

Facility Name & ID Number The Plum Grove of Palatine

0038794

Report Period Beginning:

01/01/05

Ending:

12/31/05

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	1	2	3	
	Amount	Refer-	OHF USE	
NON-ALLOWABLE EXPENSES		ence	ONLY	
1 Day Care	\$		\$	1
2 Other Care for Outpatients				2
3 Governmental Sponsored Special Programs				3
4 Non-Patient Meals				4
5 Telephone, TV & Radio in Resident Rooms				5
6 Rented Facility Space				6
7 Sale of Supplies to Non-Patients				7
8 Laundry for Non-Patients				8
9 Non-Straightline Depreciation	(2,807)	30		9
10 Interest and Other Investment Income	(490)	32		10
11 Discounts, Allowances, Rebates & Refunds				11
12 Non-Working Officer's or Owner's Salary				12
13 Sales Tax				13
14 Non-Care Related Interest				14
15 Non-Care Related Owner's Transactions				15
16 Personal Expenses (Including Transportation)				16
17 Non-Care Related Fees				17
18 Fines and Penalties				18
19 Entertainment				19
20 Contributions				20
21 Owner or Key-Man Insurance				21
22 Special Legal Fees & Legal Retainers				22
23 Malpractice Insurance for Individuals				23
24 Bad Debt	(110,600)	43		24
25 Fund Raising, Advertising and Promotional	(9,533)	43		25
26 Income Taxes and Illinois Personal Property Replacement Tax				26
27 CNA Training for Non-Employees				27
28 Yellow Page Advertising				28
29 Other-Attach Schedule See Sch 5A	(6,156)			29
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ (129,586)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

	1	2	
	Amount	Reference	
31 Non-Paid Workers-Attach Schedule*	\$		31
32 Donated Goods-Attach Schedule*			32
33 Amortization of Organization & Pre-Operating Expense			33
34 Adjustments for Related Organization Costs (Schedule VII)	(53,792)		34
35 Other- Attach Schedule			35
36 SUBTOTAL (B): (sum of lines 31-35)	\$ (53,792)		36
(sum of SUBTOTALS			
37 TOTAL ADJUSTMENTS (A) and (B))	\$ (183,378)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

	1	2	3	4	
	Yes	No	Amount	Reference	
38 Medically Necessary Transport.		x	\$		38
39					39
40 Gift and Coffee Shops		x			40
41 Barber and Beauty Shops		x			41
42 Laboratory and Radiology		x			42
43 Prescription Drugs		x			43
44 Exceptional Care Program		x			44
45 Other-Attach Schedule		x			45
46 Other-Attach Schedule		x			46
47 TOTAL (C): (sum of lines 38-46)			\$		47

The Plum Grove of Palatine

Provider #: 0038794

01/01/05 to 12/31/05

Schedule 5A

VI. Adjustment Detail

Line 29 - Other

<u>Non-allowable expenses</u>	<u>Amount</u>	<u>Reference</u>
To offset Other Income	(161)	21
To disallow Laboratory	(5,472)	43
To disallow Radiology	(523)	43
 Total	 (6,156)	

The Plum Grove of Palatine

ID# 0038794

Report Period Beginning: 01/01/05

Ending: 12/31/05

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Misc. - Part A	\$	1
2	Labs - Part A		2
3	X-Rays - Part A		3
4	Vending Machine Expense		4
5	Disallowed Non-Care Related Real Estate Tax		5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Plum Grove of Palatine

0038794

Report Period Beginning:

01/01/05

Ending:

12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	1,381	0	0	0	0	0	0	0	0	1,381	1
2	Food Purchase	0	0	0	0	0	(5)	0	0	0	0	0	(5)	2
3	Housekeeping	0	0	0	0	0	(372)	0	0	0	0	0	(372)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	701	0	0	0	0	0	0	0	0	701	5
6	Maintenance	0	0	3,256	0	0	0	0	0	0	0	0	3,256	6
7	Other (specify):*	0	0	404	0	(20)	0	0	0	0	0	0	384	7
8	TOTAL General Services	0	0	5,742	0	(20)	(377)	0	0	0	0	0	5,345	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	(332)	0	0	0	0	0	(332)	10
10a	Therapy	0	0	167	0	0	0	0	0	0	0	0	167	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	23	0	(428)	0	0	0	0	0	0	(405)	15
16	TOTAL Health Care and Programs	0	0	190	0	(428)	(332)	0	0	0	0	0	(570)	16
	C. General Administration													
17	Administrative	0	0	10,416	0	0	0	0	0	0	0	0	10,416	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	6,428	0	0	0	0	0	0	0	0	6,428	19
20	Fees, Subscriptions & Promotions	0	0	1,506	0	0	0	0	0	0	0	0	1,506	20
21	Clerical & General Office Expenses	0	452	56,272	0	0	0	0	0	0	0	0	56,724	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,462	0	0	0	0	0	0	0	0	1,462	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	522	0	0	0	0	0	0	0	0	522	26
27	Other (specify):*	0	0	8,600	0	(332)	0	0	0	0	0	0	8,268	27
28	TOTAL General Administration	0	452	85,206	0	(332)	0	0	0	0	0	0	85,326	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	0	452	91,138	0	(780)	(709)	0	0	0	0	0	90,101	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Plum Grove of Palatine# 0038794

Report Period Beginning:

01/01/05

Ending:

12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(2,807)	24,774	7,297	0	0	0	0	0	0	0	0	29,264	30
31	Amortization of Pre-Op. & Org.	0	25,650	0	0	0	0	0	0	0	0	0	25,650	31
32	Interest	(490)	17,792	0	1,218	0	0	0	0	0	0	0	18,520	32
33	Real Estate Taxes	0	0	0	576	0	0	0	0	0	0	0	576	33
34	Rent-Facility & Grounds	0	(222,000)	0	2,728	0	0	0	0	0	0	0	(219,272)	34
35	Rent-Equipment & Vehicles	0	0	0	492	0	0	0	0	0	0	0	492	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(3,297)	(153,784)	7,297	5,014	0	0	0	0	0	0	0	(144,770)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	(2,420)	0	0	0	0	0	(2,420)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(120,133)	0	0	0	0	0	0	0	0	0	0	(120,133)	43
44	TOTAL Special Cost Centers	(120,133)	0	0	0	0	(2,420)	0	0	0	0	0	(122,553)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(123,430)	(153,332)	98,435	5,014	(780)	(3,129)	0	0	0	0	0	(177,222)	45

Facility Name & ID Number The Plum Grove of Palatine# 0038794

Report Period Beginning:

01/01/05

Ending:

12/31/05

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached Schedule		See Attached Schedule		See Attached Sch.		
				Plum Grove Health	Evanston, IL	Building Co.
				Care Properties, LLC		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	21 Bank Charges	\$	Plum Grove Healthcare Properties, LLC	100.00%	\$ 452	\$ 452	1
2	V	30 Depreciation		Plum Grove Healthcare Properties, LLC	100.00%	24,774	24,774	2
3	V	31 Amortization		Plum Grove Healthcare Properties, LLC	100.00%	25,650	25,650	3
4	V	32 Interest		Plum Grove Healthcare Properties, LLC	100.00%	17,792	17,792	4
5	V	34 Rent	222,000	Plum Grove Healthcare Properties, LLC	100.00%		(222,000)	5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 222,000			\$ 68,668	\$ * (153,332)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number The Plum Grove of Palatine# 0038794Report Period Beginning: 01/01/05Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	01 Dietary - Salary	\$	Care Centers, Inc.	100.00%	\$ 1,270	\$ 1,270
16	V	01 Dietary - Other		Care Centers, Inc.	100.00%	111	111
17	V	05 Utilities		Care Centers, Inc.	100.00%	701	701
18	V	06 Maintenance Salary		Care Centers, Inc.	100.00%	1,544	1,544
19	V	06 Maintenance - Other		Care Centers, Inc.	100.00%	1,712	1,712
20	V	07 Employee Benefits - General Serv.		Care Centers, Inc.	100.00%	404	404
21	V	10 Nursing - Salary		Care Centers, Inc.	100.00%		
22	V	10 Nursing - Other		Care Centers, Inc.	100.00%		
23	V	10a Therapy - Salary		Care Centers, Inc.	100.00%	167	167
24	V	10a Therapy Other		Care Centers, Inc.	100.00%		
25	V	15 Employee Benefits - Healthcare		Care Centers, Inc.	100.00%	23	23
26	V	17 Administrative - Salary		Care Centers, Inc.	100.00%	9,268	9,268
27	V	17 Administrative - Other		Care Centers, Inc.	100.00%	1,148	1,148
28	V	19 Professional Fees		Care Centers, Inc.	100.00%	6,428	6,428
29	V	20 Dues and Subscriptions		Care Centers, Inc.	100.00%	1,506	1,506
30	V	21 Office & Clerical - Salary		Care Centers, Inc.	100.00%	50,676	50,676
31	V	21 Office & Clerical - Other		Care Centers, Inc.	100.00%	5,596	5,596
32	V	22 Employee Benefits		Care Centers, Inc.	100.00%		
33	V	23 Inservice & Education		Care Centers, Inc.	100.00%		
34	V	24 Travel and Seminar		Care Centers, Inc.	100.00%	1,462	1,462
35	V	25 Other Admin. Staff Transportation		Care Centers, Inc.	100.00%		
36	V	26 Insurance		Care Centers, Inc.	100.00%	522	522
37	V	27 Employee Benefits - Admin Serv.		Care Centers, Inc.	100.00%	8,600	8,600
38	V	30 Depreciation		Care Centers, Inc.	100.00%	7,297	7,297
39	Total		\$			\$ 98,435	\$ * 98,435

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number The Plum Grove of Palatine# 0038794Report Period Beginning: 01/01/05Ending: 12/31/05**VII. RELATED PARTIES (continued)**

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger		4	5 Cost to Related Organization		6	7		8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V		Line	Item	Amount	Name of Related Organization		Percent of Ownership	Operating Cost of Related Organization				
15	V	32	Interest	\$	Care Centers, Inc.		100.00%	\$ 1,218	\$	1,218	15	
16	V	33	Real Estate Taxes		Care Centers, Inc.		100.00%	576		576	16	
17	V	34	Rent-Building		Care Centers, Inc.		100.00%	2,728		2,728	17	
18	V	35	Rent-Equipment & Auto		Care Centers, Inc.		100.00%	492		492	18	
19	V										19	
20	V										20	
21	V										21	
22	V										22	
23	V										23	
24	V										24	
25	V										25	
26	V										26	
27	V										27	
28	V										28	
29	V										29	
30	V										30	
31	V										31	
32	V										32	
33	V										33	
34	V										34	
35	V										35	
36	V										36	
37	V										37	
38	V										38	
39	Total			\$				\$ 5,014	\$ *	5,014	39	

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number The Plum Grove of Palatine

0038794

Report Period Beginning: 01/01/05

Ending: 12/31/05

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	06 Maintenance Salary	\$ 338	Care Centers, Inc.	100.00%	\$ 338	\$
16	V	07 Employee Benefits - Gen Service	51	Care Centers, Inc.	100.00%	31	(20)
17	V	10 Nursing Salary	16,399	Care Centers, Inc.	100.00%	16,399	
18	V	10a Therapy Salary	162	Care Centers, Inc.	100.00%	162	
19	V	15 Employee Benefits - Healthcare	2,484	Care Centers, Inc.	100.00%	2,056	(428)
20	V	17 Administrative Salary		Care Centers, Inc.	100.00%		
21	V	21 Office Salary	7,295	Care Centers, Inc.	100.00%	7,295	
22	V	22 Employee Benefits		Care Centers, Inc.	100.00%		
23	V	27 Employee Benefits - Gen. Admin.	1,094	Care Centers, Inc.	100.00%	762	(332)
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 27,823			\$ 27,043	\$ * (780)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number The Plum Grove of Palatine# 0038794Report Period Beginning: 01/01/05Ending: 12/31/05**VII. RELATED PARTIES (continued)**

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	01 Dietary	\$	Xcel Medical Supply, LLC		\$	\$
16	V	02 Food	53	Xcel Medical Supply, LLC		48	(5)
17	V	03 Housekeeping	3,754	Xcel Medical Supply, LLC		3,382	(372)
18	V	04 Laundry		Xcel Medical Supply, LLC			
19	V	06 Repairs & Maintenance		Xcel Medical Supply, LLC			
20	V	10 Nursing	3,351	Xcel Medical Supply, LLC		3,019	(332)
21	V	10a Therapy		Xcel Medical Supply, LLC			
22	V	11 Activities		Xcel Medical Supply, LLC			
23	V	20 Dues, Fee, Subscriptions		Xcel Medical Supply, LLC			
24	V	21 Clerical & General Office		Xcel Medical Supply, LLC			
25	V	22 Employee Benefits		Xcel Medical Supply, LLC			
26	V	39 Ancillary	24,412	Xcel Medical Supply, LLC		21,992	(2,420)
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 31,570			\$ 28,441	\$ * (3,129)

* Total must agree with the amount recorded on line 34 of Schedule VI.

The Plum Grove of Palatine

Provider #:

01/01/05

to

0038794

12/31/05

Schedule 6

Partner Name	Ownership %
Eric Rothner	60.00%
Gale Rothner	7.60%
Daneil Rothner Trust	4.70%
Melissa Rothner Trust	4.70%
Rachel Rothner Trust	4.60%
William Rothner Trust	4.60%
Adam Vales Trust	4.60%
Kathryn Vales Trust	4.60%
Kimberly Richman Trust	4.60%
	100.00%

The Plum Grove of Palatine

Provider #:

01/01/05

0038794

12/31/05

Schedule 6A

CARE CENTERS, INC.
SUMMARY OF NON-BUILDING RENTAL
RELATED ENTITIES
AS OF
December 31, 2005

	CARE CENTERS, INC.	CARE CENTERS HEALTH SYSTEMS	CCS EMPLOYEE BENEFITS GROUP	ROTHNER VENT LEASE LLC	HARBOR LIGHTS	
ILLINOIS HOMES						
Applewood Nursing & Rehabilitation Center	X	X	X			
Briar Place LTD.	X	X	X			
Chateau Village Nursing & Rehabilitation Center	X	X	X			
Colonial Hall Nursing & Rehabilitation Center	X	X	X			
Concord Extended Care	X	X	X			
Grasmere Place LLC	X		X			
International Village Nursing & Rehabilitation Center	X	X	X			
Lakewood Nursing & Rehabilitation Center	X	X	X			
Lemont Nursing & Rehabilitation Center	X	X	X			
Pavillion of Forest Park LLC	X	X	X			
Plum Grove Nursing & Rehabilitation Center	X	X	X			
Prairie Manor Health Care	X	X	X			
Rainbow Beach Nursing Center	X	X	X			
Ridgeland Nursing & Rehabilitation Center	X	X	X			
Rivershores Nursing & Rehabilitation Center	X	X	X			
Sheridan Shores Nursing & Rehabilitation Center	X	X	X			
Snow Valley Nursing & Rehabilitation Center	X	X	X			
Somerset Place LLC	X		X			
South Shores Nursing & Rehabilitation Center	X	X	X			
Tri-State Nursing & Rehabilitation Center	X	X	X			
Washington Heights Nursing & Rehabilitation Center	X	X	X			
Westshire Nursing & Rehabilitation Center	X	X	X			
Wheaton Care Center, LTD	X	X	X			
INDIANA HOMES						
Clark Nursing & Rehabilitation Center	X	X	X			
Dyer Nursing & Rehabilitation Center	X	X	X			
East Lake Nursing & Rehabilitation Center	X	X	X			
Lake County Nursing & Rehabilitation Center	X	X	X			
Northlake Nursing & Rehabilitation Center	X	X	X			
Sebos, Nursing & Rehabilitation Center	X	X	X			
Sheffield Manor	X		X			
Valparaiso Care & Rehabilitation Center	X	X	X			
OHIO HOMES						
McKinley Health Care Center	X	X	X			

The Plum Grove of Palatine**Provider #:** 0038794**01/01/05** 12/31/05**Schedule 6B****RELATED NURSING HOMES**

December 31, 2005

GROUP NAME	FACILITY NAME	CITY
---------------	------------------	------

CARE CENTERS, INC.**ILLINOIS HOMES**

Applewood Nursing & Rehabilitation Center	MATTESON
Briar Place LTD.	INDIAN HEAD
Chateau Village Nursing & Rehabilitation Center	WILLOWBROOK
Colonial Hall Nursing & Rehabilitation Center	PRINCETON
Concord Extended Care	OAK LAWN
Grasmere Place LLC	CHICAGO
International Village Nursing & Rehabilitation Center	CHICAGO
Lakewood Nursing & Rehabilitation Center	PLAINFIELD
Lemont Nursing & Rehabilitation Center	LEMONT
Pavillion of Forest Park LLC	FOREST PARK
Plum Grove Nursing & Rehabilitation Center	PALATINE
Prairie Manor Health Care	CHICAGO HEIGHTS
Rainbow Beach Nursing Center	CHICAGO
Ridgeland Nursing & Rehabilitation Center	PALOS HEIGHTS
Rivershores Nursing & Rehabilitation Center	MARSEILLES
Sheridan Shores Nursing & Rehabilitation Center	CHICAGO
Snow Valley Nursing & Rehabilitation Center	LISLE
Somerset Place LLC	CHICAGO
South Shores Nursing & Rehabilitation Center	CHICAGO
Tri-State Nursing & Rehabilitation Center	Lansing
Washington Heights Nursing & Rehabilitation Center	CHICAGO
Westshire Nursing & Rehabilitation Center	CICERO
Wheaton Care Center, LTD	WHEATON

INDIANA HOMES

Clark Nursing & Rehabilitation Center	Gary
Dyer Nursing & Rehabilitation Center	Dyer
East Lake Nursing & Rehabilitation Center	Elkhart
Lake County Nursing & Rehabilitation Center	East Chicago
Northlake Nursing & Rehabilitation Center	Merriville
Sebos, Nursing & Rehabilitation Center	Holbart
Sheffield Manor	Dyer
Valparaiso Care & Rehabilitation Center	Valparaiso

OHIO HOMES

McKinley Health Care Center	Canton
-----------------------------	--------

The Plum Grove of Palatine**Provider #:****01/01/05****0038794****12/31/05****Schedule 6C****OTHER RELATED BUSINESS ENTITIES****AS OF****December 31, 2005**

NAME		CITY	TYPE OF BUSINESS
CARE CENTERS, INC.		EVANSTON, IL	MANAGEMENT COMPANY
CARE CENTERS HEALTH SYSTEM		EVANSTON, IL	DIETARY & FOOD SUPPLEMENTS
HARBOR LIGHTS	*	GLEN ELLYN	HOSPICE
ROTHNER VENTS LLC		EVANSTON, IL	MEDICAL EQUIP RENTAL
2201 MAIN, LLC		EVANSTON, IL	BUILDING COMPANY

* - Page 6 & 8 Are not required for this entity since there was no payment from the Nursing Homes to the Related Entity

SEE THE ATTACHED SUMMARY FOR THE APPLICABILITY OF EACH RELATED BUSINESS ENTITY TO THE RELATED NURSING HOME

STATE OF ILLINOIS

Page 7

Facility Name & ID Number The Plum Grove of Palatine # 0038794 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Eric Rothner	Owner	Administrative	60.00	See Attached	0.38	.95%	CCI -Salary	\$ 904	17-7	1
2	Mark Steinberg	Relative	Administrative		See Attached	0.65	1.62%	CCI -Salary	871	17-7	2
3	Gale Rothner	Owner	Administrative	7.60	See Attached	0.41	1.02%	CCI -Salary	923	17-7	3
4	Kim Rudolph	Owner	Administrative	4.60	See Attached			CCI -Salary	183	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 2,881		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number The Plum Grove of Palatine# 0038794

Report Period Beginning:

01/01/05Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization

Care Centers, Inc

Street Address

2201 West Main Street

City / State / Zip Code

Evanston, Illinois 6020

Phone Number

(847) 905-3000

Fax Number

(847) 905-3030

B. Show the allocation of costs below. If necessary, please attach worksheets.

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary Salary	Patient Days	1,497,287	32	\$ 107,276	\$ 107,276	17,721	\$ 1,270	1
2	1	Dietary Other	Patient Days	1,497,287	32	9,406	17,721	17,721	111	2
3	5	Utilities	Patient Days	1,497,287	32	59,188	17,721	17,721	701	3
4	6	Maintenance Salary	Patient Days	1,497,287	32	130,484	130,484	17,721	1,544	4
5	6	Maintenance Other	Patient Days	1,497,287	32	144,661	17,721	17,721	1,712	5
6	7	Employee Ben. - Gen. Services	Patient Days	1,497,287	32	34,158	17,721	17,721	404	6
7	10	Nursing Salary	Patient Days	1,497,287	32		17,721	17,721	0	7
8	10	Nursing Other	Patient Days	1,497,287	32		17,721	17,721	0	8
9	10a	Therapy Salary	Patient Days	1,497,287	32	14,139	14,139	17,721	167	9
10	10a	Therapy Other	Patient Days	1,497,287	32		17,721	17,721	0	10
11	15	Employee Ben. Healthcare	Patient Days	1,497,287	32	1,933	17,721	17,721	23	11
12	17	Administrative Salary	Patient Days	1,497,287	32	783,083	783,083	17,721	9,268	12
13	17	Administrative Other	Patient Days	1,497,287	32	97,000	17,721	17,721	1,148	13
14	19	Professional Fees	Patient Days	1,497,287	32	543,148	17,721	17,721	6,428	14
15	20	Dues & Subscriptions	Patient Days	1,497,287	32	127,217	17,721	17,721	1,506	15
16	21	Office & Clerical Salary	Patient Days	1,497,287	32	4,281,771	4,281,771	17,721	50,676	16
17	21	Office & Clerical Other	Patient Days	1,497,287	32	472,845	17,721	17,721	5,596	17
18	23	Inservice & Education	Patient Days	1,497,287	32		17,721	17,721	0	18
19	24	Travel & Seminar	Patient Days	1,497,287	32	123,511	17,721	17,721	1,462	19
20	25	Other Admin. Staff Transportation	Patient Days	1,497,287	32		17,721	17,721	0	20
21	26	Insurance	Patient Days	1,497,287	32	44,126	17,721	17,721	522	21
22	27	Employee Ben. - Gen. Admin	Patient Days	1,497,287	32	726,674	17,721	17,721	8,600	22
23	30	Depreciation	Patient Days	1,497,287	32	616,575	17,721	17,721	7,297	23
24	32	Interest	Patient Days	1,497,287	32	102,930	17,721	17,721	1,218	24
25	TOTALS					\$ 8,420,125	\$ 5,316,753		\$ 99,653	25

Facility Name & ID Number The Plum Grove of Palatine# 0038794

Report Period Beginning:

01/01/05Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization

Care Centers, Inc

Street Address

2201 West Main Street

City / State / Zip Code

Evanston, Illinois 6020

Phone Number

(847) 905-3000

Fax Number

(847) 905-3030

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	33 Real Estate Taxes	Patient Days	1,497,287	32	\$ 48,662	\$	17,721	\$ 576	1
2	34 Rent- Building	Patient Days	1,497,287	32	230,488		17,721	2,728	2
3	35 Rent - Equipment & Auto	Patient Days	1,497,287	32	41,530		17,721	492	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 320,680	\$		\$ 3,796	25

Facility Name & ID Number The Plum Grove of Palatine# 0038794

Report Period Beginning:

01/01/05Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Care Centers, IncStreet Address 2201 West Main StreetCity / State / Zip Code Evanston, Illinois 6020Phone Number (847) 905-3000Fax Number (847) 905-3030

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6 Maintenance Salary	Direct Cost	338		\$ 338	\$ 338		\$ 338	1
2	7 Emp. Ben. - Gen Services	Direct Cost	31		31			31	2
3	10 Nursing Salary	Direct Cost	16,399		16,399	16,399		16,399	3
4	10a Therapy Salary	Direct Cost	162		162	162		162	4
5	15 Emp. Ben. - Healthcare	Direct Cost	2,056		2,056			2,056	5
6	17 Administrative Salary	Direct Cost							6
7	21 Office Salary	Direct Cost	7,295		7,295	7,295		7,295	7
8	22 Employee Benefits	Direct Cost							8
9	27 Emp. Ben. - Gen Admin	Direct Cost	762		762			762	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 27,043	\$ 24,194		\$ 27,043	25

Facility Name & ID Number The Plum Grove of Palatine# 0038794

Report Period Beginning:

01/01/05Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Xcel Medical Supply, LLCStreet Address 2201 West Main StreetCity / State / Zip Code Evanston, Illinois 6020Phone Number (847) 328-7600Fax Number (847) 3287615

B. Show the allocation of costs below. If necessary, please attach worksheets.

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Direct allocation			\$	\$			1
2	2	Food	Direct allocation						48	2
3	3	Housekeeping	Direct allocation						3,382	3
4	4	Laundry	Direct allocation							4
5	6	Repair and Maintenance	Direct allocation							5
6	10	Nursing	Direct allocation						3,019	6
7	10a	Therapy	Direct allocation							7
8	11	Activities	Direct allocation							8
9	20	Dues, Fee, Subscriptions	Direct allocation							9
10	21	Clerical & General Office	Direct allocation							10
11	22	Employee Benefits	Direct allocation							11
12	39	Ancillary	Direct allocation						21,992	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		28,441	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	N&S Trust	X		Mortgage		11/01/05	\$ 1,500,000	\$ 1,500,000	11/17/15	0.0700	\$ 17,792	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7	Allocated from Care Centers										1,218	7	
8	See Sch 9A											8	
9	TOTAL Facility Related						\$ 1,500,000	\$ 1,500,000			\$ 19,010	9	
	B. Non-Facility Related*												
10	Interest Income										(490)	10	
11												11	
12	See Sch 9A											12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (490)	14	
15	TOTALS (line 9+line14)						\$ 1,500,000	\$ 1,500,000			\$ 18,520	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO				Original	Balance			
	A. Directly Facility Related										
	Long-Term										
1							\$				1
2											2
3											3
4											4
5											5
	Working Capital										
6											6
7											7
8											8
9	TOTAL Facility Related						\$ 0	\$ 0		\$ 0	9
	B. Non-Facility Related*										
10	Shareholders	X									10
11											11
12											12
13											13
14	TOTAL Non-Facility Related						\$ 0	\$ 0		\$ 0	14
15	TOTALS (line 9+line14)						\$ 0	\$ 0		\$ 0	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$ None

Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.

(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.

(See instructions.)

Facility Name & ID Number **The Plum Grove of Palatine**# **0038794**Report Period Beginning: **01/01/05**

Ending:

12/31/05**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2004 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	159,735	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		2004	\$	142,604	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(17,131)	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	149,735	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	14,470	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.		Home Office Allocation		576	
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	147,650	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2000	157,109	8		
	2001	147,935	9		
	2002	151,589	10		
	2003	156,603	11		
	2004	142,604	12		
2005 accrual - 3,829.77 x 1.05 = 4,021.26		Total = 4,021.26+145,713.16 = 149,734.42			
2005 accrual - 138,774.44 X 1.05 = 145,713.16					
Allocated from Home Office - \$575.94					

FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2004 \$	13
14	PLUS APPEAL COST FROM LINE 5 \$	14
15	LESS REFUND FROM LINE 6 \$	15
16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Plum Grove of Palatine COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038794

CONTACT PERSON REGARDING THIS REPORT Mike Kaplan

TELEPHONE (847) 905-4042 FAX #: (847) 905-3030

A. Summary of Real Estate Tax Costs

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>02-22-205-006-000</u>	<u>Long Term Care Property</u>	\$ <u>3,829.77</u>	\$ <u>3,829.77</u>
2. <u>02-22-205-007-000</u>	<u>Long Term Care Property</u>	\$ <u>138,774.44</u>	\$ <u>138,774.44</u>
3. <u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>48,662.44</u>	\$ <u>575.94</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>191,266.65</u>	\$ <u>143,180.15</u>

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005

A.

Square Feet:

23,500

B.

General Construction Type:

Exterior

Brick

Frame

Steel

Number of Stories

2

C.

Does the Operating Entity?

☐
 (a) Own the Facility

☒
 (b) Rent from a Related Organization.

☐
 (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D.

Does the Operating Entity?

☒
 (a) Own the Equipment

☒
 (b) Rent equipment from a Related Organization.

☒
 (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E.

List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F.

Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐
 YES

☐
 NO

If so, please complete the following:

1. Total Amount Incurred:

384,746

2. Number of Years Over Which it is Being Amortized:

15

3. Current Period Amortization:

25,650

4. Dates Incurred:

06/17/1995

Nature of Costs:

Goodwill. Building Purchase Cost

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		1995	\$ 179,021	1
2	2201 Main LLC			4,162	2
3	TOTALS			\$ 183,183	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	69	1995		\$ 966,189		39	\$ 24,774	\$ 24,774	\$ 250,837
5									
6									
7									
8									
9	Improvement Type**								
10									
11									
12									
13	2201 Main LLC Allocation Building		2002	5,736		20	147	147	484
14	2201 Main LLC Allocation Building Improvement:		2002	4,738		20	237	237	829
15	2201 Main LLC Allocation Building Improvement:		2003	5,584		20	279	279	698
16	2201 Main LLC Allocation Building Improvement:		2005	277		20	6	6	6
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 982,524	\$		\$ 25,443	\$ 25,443	\$ 252,854	70

**Improvement type must be detailed in order for the cost report to be considered complete

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 982,524	\$		\$ 25,443	\$ 25,443	\$ 252,854	1
2	Various Improvements	1993	11,986	300	39	306	6	3,827	2
3	Decorating	1993	17,180	430	39	439	9	5,491	3
4	Decorating	1993	16,183	405	39	414	9	5,175	4
5	Windows	1994	27,300	683	39	700	17	7,992	5
6	Air Conditioner	1994	29,179	907	39	748	(159)	8,664	6
7	Air Conditioner	1994	4,300	108	39	110	2	1,274	7
8	Painting	1994	3,725	93	39	96	3	1,112	8
9	Sign	1994	3,844	96	39	48	(48)	585	9
10	Wallpaper	1995	7,000	175	39	179	4	1,921	10
11	Floor	1995	7,810	195	39	200	5	2,142	11
12	Air Conditioner	1995	4,300	108	39	110	2	1,151	12
13	Remodeling	1995	5,625	141	39	144	3	1,530	13
14	Door Installation	1995	3,800	95	39	98	3	1,035	14
15	Exhaust Ventilator	1996	3,564	89	39	91	2	861	15
16	New Roof	1998	17,230	431	39	442	11	3,333	16
17	Tilework	1998	4,248	106	39	109	3	822	17
18	Cummins Generator	1998	73,600	1,840	39	1,887	47	13,917	18
19	Decorating	1998	54,647	1,366	39	1,401	35	10,916	19
20	Floor	1999	16,855	421	39	432	11	2,829	20
21	Remodeling	2000	6,276	157	39	161	4	892	21
22	Elevator Repair	2001	9,700	243	39	249	6	1,172	22
23	Roof Repair	2001	8,610	215	39	221	6	1,040	23
24	Boiler	2001	22,763	2,276	39	584	(1,692)	2,506	24
25	Elevator Repair	2002	8,500	850	39	218	(632)	808	25
26	Air Conditioner Repair	2004	9,278	928	15	464	(464)	928	26
27	Elevator Repair	2005	3,128	313	10	313		313	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,363,155	\$ 12,971		\$ 35,607	\$ 22,636	\$ 335,090	34

**Improvement type must be detailed in order for the cost report to be considered complete

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 66,336	\$ 4,070	\$ 9,997	\$ 5,927	5-10 yrs	\$ 53,022	71
72	Current Year Purchases	9,910	852	968	116	5 yrs	968	72
73	Fully Depreciated Assets	411,615					411,615	73
74								74
75	TOTALS	\$ 487,861	\$ 4,922	\$ 10,965	\$ 6,043		\$ 465,605	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	Allocated from Care Centers			7,992		585	585	5 Yrs	6,052	77
78										78
79										79
80	TOTALS			\$ 7,992	\$	\$ 585	\$ 585		\$ 6,052	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 2,042,191	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 17,893	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 47,157	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 29,264	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 806,747	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

**The Plum Grove of Palatine
Moveable Equipment Schedule
1/1/05-12/31/05
0038794**

Company Name	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Accumulated Straight Line Depreciation
--------------	------	---------------------------------	----------------------------------	-------------	--

Line 28: Prior Years

Plum Grove Nursing & Rehab Center	36,190	4,070	4,070		32,639
Plum Grove Healthcare Properties, LLC					
2201 Main LLC	1,327		189	189	669
Care Centers, Inc	28,819		5,738	5,738	19,714
Total	66,336	4,070	9,997	5,927	53,022

Line 29: Current Year

Plum Grove Nursing & Rehab Center	5,754	852	852		852
Plum Grove Healthcare Properties, LLC					
2201 Main LLC	268		18	18	18
Care Centers, Inc	3,888		98	98	98
Total	9,910	852	968	116	968

Line 30: Fully Depreciated

Plum Grove Nursing & Rehab Center	66,615				66,615
Plum Grove Healthcare Properties, LLC	345,000				345,000
2201 Main LLC					
Care Centers, Inc					
Total	411,615				411,615

Total (Should tie to page 13)

Plum Grove Nursing & Rehab Center	108,559	4,922	4,922		100,106
Plum Grove Healthcare Properties, LLC	345,000				345,000
2201 Main LLC	1,595		207	207	687
Care Centers, Inc	32,707		5,836	5,836	19,812
Total	487,861	4,922	10,965	6,043	465,605

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☒ NO
- If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocation from Care Centers, Inc				2,728			5
6								6
7	TOTAL				\$ 2,728			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease N/A .

9. Option to Buy: ☐ YES ☒ NO Terms: N/A *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 3,762 Description: \$1,045 Ice Machine, \$2,225 Postage Machine \$492 Allocated from Care Centers, Inc.
(Attach a schedule detailing the breakdown of movable equipment)

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2006 \$ _____
13. /2007 \$ _____
14. /2008 \$ _____

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	Chevy Suburban	\$	\$	17
18	Facility	Town & Country			18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building,
please provide complete details on attached
schedule.

** This amount plus any amortization of lease
expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p>It is the policy of this facility to only hire certified nurses aides.</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><input type="checkbox"/> YES</p> <p><input checked="" type="checkbox"/> NO</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		1		2		3	4
		Facility					
		Drop-outs	Completed			Contract	Total
1	Community College Tuition	\$	\$			\$	\$
2	Books and Supplies						
3	Classroom Wages (a)						
4	Clinical Wages (b)						
5	In-House Trainer Wages (c)						
6	Transportation						
7	Contractual Payments						
8	CNA Competency Tests						
9	TOTALS	\$	\$			\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$					

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$ _____

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
					1	Licensed Occupational Therapist	L 10A, C 3	hrs	\$		\$ 59,501
2	Licensed Speech and Language Development Therapist	L 10A, C 3	hrs			879				879	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	L 10A, C 3	hrs			117,478				117,478	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy		# of prescripts				73,735			73,735	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program										12
13	Other (specify): See Sch 16A			167			33,146			33,313	13
14	TOTAL			\$ 167		\$ 177,858	\$ 106,881		\$	284,906	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

The Plum Grove of Palatine**Provider #: 0038794****01/01/05 to 12/31/05****Schedule 16A**

XIV. Special Services

Line 13 Other (specify):

Service	Line Reference	Staff Cost	Outside Practioner Units	Cost	Supplies
Therapy And Rehab. Supplies	L 10A C 2				1,067
Ventilation Equipment	L 39 C 2				2,192
Other Services Medicare	L 39 C 2				272
Ambulance Services	L 39 C 2				328
Medical Supplies Chargeable	L 39 C 2				29,287
Resp Therp. - CCI	L 10A C 1	167			
Total		167	0	0	33,146

STATE OF ILLINOIS

Page 17

Facility Name & ID Number The Plum Grove of Palatine

0038794

Report Period Beginning: 01/01/05

Ending:

12/31/05

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/05

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 131,244	\$ 131,244	1
2	Cash-Patient Deposits	10,378	10,378	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 90,000)	348,930	348,930	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	61,274	61,274	6
7	Other Prepaid Expenses	16,614	16,614	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 568,440	\$ 568,440	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		183,183	13
14	Buildings, at Historical Cost		982,524	14
15	Leasehold Improvements, at Historical Cost	381,440	380,631	15
16	Equipment, at Historical Cost	108,559	495,853	16
17	Accumulated Depreciation (book methods)	(191,520)	(806,747)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	7,979	392,725	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(7,979)	(267,633)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 298,479	\$ 1,360,536	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 866,919	\$ 1,928,976	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 218,587	\$ 218,587	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	9,509	9,509	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	71,213	71,213	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,306	2,306	31
32	Accrued Real Estate Taxes(Sch.IX-B)	149,735	149,735	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Sch 17A	254,106	254,106	36
37	See Sch 17A	105,520	105,520	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 810,976	\$ 810,976	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,500,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 1,500,000	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 810,976	\$ 2,310,976	46
47	TOTAL EQUITY (page 18, line 24)	\$ 55,943	\$ (382,000)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 866,919	\$ 1,928,976	48

*(See instructions.)

The Plum Grove of Palatine
0038794
12/31/05

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.

A. Current Assets

Other Current Assets (specify):	After	
	Operating	Consolidation
<hr/>		
Total Line 9 - Other Current Assets(specify):	0	0

B. Long Term Assets

Other Long Term Assets (specify):	After	
	Operating	Consolidation
<hr/>		
Total Line 23 - Other Long Term Assets Assets(spec	0	0

C. Current Liabilities

Other Current Liabilities (specify):	After	
	Operating	Consolidation
<hr/>		
Accrued Expenses	31,216	31,216
Accrued Rent	222,000	222,000
Credit Union Liability	890	890
<hr/>		
Total Line 36 - Other Current Liabilities(specify):	254,106	254,106

Other Current Liabilities (specify):

Other Long Term Assets (specify):	After	
	Operating	Consolidation
<hr/>		
Due to Others	105,520	105,520
<hr/>		
Total Line 37 - Other Current Liabilities(specify):	105,520	105,520

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 234,357	1
2	Restatements (describe):		2
3			3
4	Prior Period Adjustments from 2003	(3,102)	4
5	Adjust Partners Equity For (Depreciation Expense)	(7,687)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 223,568	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(167,625)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (167,625)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 55,943	24 *

Operating Entity Only

* This must agree with page 17, line 47.

STATE OF ILLINOIS

Page 19

Facility Name & ID Number The Plum Grove of Palatine

0038794

Report Period Beginning: 01/01/05

Ending:

12/31/05

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 2,700,883	1
2	Discounts and Allowances for all Levels	(96,273)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,604,610	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	315,310	6
7	Oxygen	270	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 315,580	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	974	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	24,503	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	5,052	19
20	Radiology and X-Ray	2,947	20
21	Other Medical Services	51,408	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 84,884	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	490	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 490	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Income	161	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 161	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,005,725	30

2			
	Expenses	Amount	
A. Operating Expenses			
31	General Services	580,690	31
32	Health Care	1,418,411	32
33	General Administration	508,160	33
B. Capital Expense			
34	Ownership	390,237	34
C. Ancillary Expense			
35	Special Cost Centers	238,074	35
36	Provider Participation Fee	37,778	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,173,350	40
41	Income before Income Taxes (line 30 minus line 40)**	(167,625)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (167,625)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

The Plum Grove of Palatine

0038794

12/31/05

Schedule 19A

XVII. INCOME STATEMENT

Revenue

<u>E. Other Revenue (specify):</u>	<u>Amount</u>
------------------------------------	---------------

Total Line 28 - Other Revenue (specify):	<u><u>0</u></u>
--	-----------------

Facility Name & ID Number The Plum Grove of Palatine

0038794

Report Period Beginning: 01/01/05

Ending: 12/31/05

12/31/05

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,816	2,006	\$ 53,138	\$ 26.49	1
2	Assistant Director of Nursing					2
3	Registered Nurses	15,819	17,186	448,750	26.11	3
4	Licensed Practical Nurses	2,559	3,080	74,179	24.08	4
5	CNAs & Orderlies	41,048	45,353	534,826	11.79	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,995	2,115	29,968	14.17	9
10	Activity Assistants	1,534	1,655	16,962	10.25	10
11	Social Service Workers	1,621	1,911	32,633	17.08	11
12	Dietician					12
13	Food Service Supervisor	2,035	2,123	32,833	15.47	13
14	Head Cook					14
15	Cook Helpers/Assistants	13,839	14,964	127,605	8.53	15
16	Dishwashers					16
17	Maintenance Workers	2,086	2,123	41,462	19.53	17
18	Housekeepers	7,138	7,596	65,115	8.57	18
19	Laundry	3,907	4,153	32,819	7.90	19
20	Administrator	2,166	2,408	74,014	30.74	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,030	3,442	54,859	15.94	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	262	262	7,085	27.04	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	100,855	110,377	\$ 1,626,248 *	\$ 14.73	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	165	\$ 7,478	L.1 C. 3	35
36	Medical Director	Monthly	1,500	L.9 C. 3	36
37	Medical Records Consultant	Monthly	545	L.10 C. 3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	755	L.10 C. 3	39
40	Physical Therapy Consultant			L.10a C. 3	40
41	Occupational Therapy Consultant			L.10a C. 3	41
42	Respiratory Therapy Consultant			L.10a C. 3	42
43	Speech Therapy Consultant			L.10a C. 3	43
44	Activity Consultant	44	2,191	L.11 C. 3	44
45	Social Service Consultant			L.12 C. 3	45
46	Other(specify) See Sch20B	923	24,194		46
47	Therapy Program Constultant	1	24	L.10a C. 3	47
48	Dental Consultant	Monthly	1,300	L.10 C. 3	48
49	TOTAL (lines 35 - 48)	1,133	\$ 37,987		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	N/A	\$	L. 10 C. 3	50
51	Licensed Practical Nurses	N/A		L. 10 C. 3	51
52	Certified Nurse Assistants/Aides	N/A		L. 10 C. 3	52
53	TOTAL (lines 50 - 52)		\$		53

The Plum Grove of Palatine
0038794
12/31/05

Schedule 20A

XVIII. STAFFING AND SALARY COSTS

LINE 32 - Other (Health Care specify)

# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
			#DIV/0!
			#DIV/0!
			#DIV/0!
<hr/>			
Total Line 32 - Other	0	0 \$ -	#DIV/0!

XVIII. STAFFING AND SALARY COSTS

LINE 33 - Other (specify)

# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
			#DIV/0!
			#DIV/0!
			#DIV/0!
<hr/>			
Total Line 33 - Other	0	0 \$ -	#DIV/0!

The Plum Grove of Palatine
0038794
12/31/05

Schedule 20B

XVIII. Consultant Services
LINE 46

	# of Hrs. Actually Worked	Reporting Period Total Consultant Costs	Schedule V Line & Column
Respiratory Therapist	4	\$ 162	L 10a, C3
Care Plan Coordinate	482	\$ 16,399	L 10, C3
Maintenance Worker	9	\$ 338	L 6, C3
Bookkeeper	428	7,295	L 21, C3
<hr/>			
Total Line 46 - Other	923	\$ 24,194	

Facility Name & ID Number The Plum Grove of Palatine

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	Ownership %	Amount
Rosemary Digiovanni	Administrator	0	\$ 17,566
Andrew Decker	Administrator	0	\$ 39,038
Gail Hellebuyck	Administrator	0	\$ 17,410
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 74,014
B. Administrative - Other			
Description			Amount
N/A			\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$
C. Professional Services			
Vendor/Payee	Type		Amount
Personnel Planners, Inc	Unemployment Consultant	\$	165
Richard Peelo & Assoc.	Accounting Services		5,250
ALPHA Data Services, Inc.	Payroll Services		2,991
Achieve Health Care	Software Support		18,419
Ehealth Data Solutions	Billing Program System		1,770
Legat Architects	Administrative Consulting		1,920
Ashman & Stein	Legal		476
Michael Z. Margolies	Legal		1,921
Meyer Magence	Legal		3,878
Stone, McGuire & Benjamin	Legal		2,312
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)		\$	39,102
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance		\$	34,337
Unemployment Compensation Insurance			7,319
FICA Taxes			123,389
Employee Health Insurance			44,597
Employee Meals			
Illinois Municipal Retirement Fund (IMRF)*			
Other Employee Welfare			1,777
Holiday Party			2,168
TOTAL (agree to Schedule V, line 22, col.8)		\$	213,587
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
N/A			\$
TOTAL		\$	
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee		\$	1,000
Advertising: Employee Recruitment			9,547
Health Care Worker Background Check (Indicate # of checks performed 13)			285
Various Subscriptions			375
Various License			1,126
License from BLDG CO.			
Allocated from Care Centers			1,506
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)		\$	13,839
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel		\$	
In-State Travel			
Seminar Expense			1,064
Allocation From Care Centers			1,462
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)			
TOTAL		\$	2,526

* Attach copy of IMRF notifications

****See instructions.**

The Plum Grove of Palatine

Provider #: 0038794

01/01/05 to 12/31/05

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Total (agree to Schedule V, line 19, column 3)	39,102
--	--------

Allocated from Management Company	6,428
-----------------------------------	-------

Total (agree to Schedule V, line 19, column 8)	<u>45,530</u>
--	---------------

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

[illegible]

Facility Name & ID Number The Plum Grove of Palatine

0038794

Report Period Beginning:

01/01/05

Ending:

12/31/05

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 6,600 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 37,778
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 0
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 0
c. What percent of all travel expense relates to transportation of nurses and patients? None
d. Have vehicle usage logs been maintained? Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? _____
Attach invoices and a summary of services for all architect and appraisal fees.

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	160,438	12,572	7,478	180,488	0	180,488	1,381	181,869
2. Food Purchase	0	107,398	0	107,398	0	107,398	(5)	107,393
3. Housekeeping	65,115	22,831	13,443	101,389	0	101,389	(372)	101,017
4. Laundry	32,819	3,704	0	36,523	0	36,523	0	36,523
5. Heat and Other Utilities	0	0	56,033	56,033	0	56,033	701	56,734
6. Maintenance	41,462	0	57,346	98,808	0	98,808	3,256	102,064
7. Other (specify)*	0	0	51	51	0	51	384	435
8. Total General Services	299,834	146,505	134,351	580,690	0	580,690	5,345	586,035
9. Medical Director	0	0	1,500	1,500	0	1,500	0	1,500
10. Nursing & Medical Records	1,117,978	12,318	18,999	1,149,295	0	1,149,295	(332)	1,148,963
10a. Therapy	0	1,067	178,044	179,111	0	179,111	167	179,278
11. Activities	46,930	4,267	2,191	53,388	0	53,388	0	53,388
12. Social Services	32,633	0	0	32,633	0	32,633	0	32,633
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	2,484	2,484	0	2,484	(405)	2,079
16. Total Health Care & Programs	1,197,541	17,652	203,218	1,418,411	0	1,418,411	(570)	1,417,841
17. Administrative	74,014	0	0	74,014	0	74,014	10,416	84,430
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	39,102	39,102	0	39,102	6,428	45,530
20. Fees, Subscriptions & Promotion	0	0	12,333	12,333	0	12,333	1,506	13,839
21. Clerical & General Office	54,859	18,337	33,334	106,530	0	106,530	56,563	163,093
22. Employee Benefits & Payroll	0	0	213,587	213,587	0	213,587	0	213,587
23. Inservice Training & Education	0	0	214	214	0	214	0	214
24. Travel and Seminar	0	0	1,064	1,064	0	1,064	1,462	2,526
25. Other Admin. Staff Trans	0	0	1,114	1,114	0	1,114	0	1,114
26. Insurance-Prop.Liab.Malpractice	0	0	59,108	59,108	0	59,108	522	59,630
27. Other (specify)*	0	0	1,094	1,094	0	1,094	8,268	9,362
28. Total General Adminis	128,873	18,337	360,950	508,160	0	508,160	85,165	593,325
29. Total General Administrative	1,626,248	182,494	698,519	2,507,261	0	2,507,261	89,940	2,597,201
30. Depreciation	0	0	17,893	17,893	0	17,893	29,264	47,157
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	25,650	25,650
32. Interest	0	0	0	0	0	0	18,520	18,520
33. Real Estate	0	0	147,074	147,074	0	147,074	576	147,650
34. Rent - Facility & Grounds	0	0	222,000	222,000	0	222,000	(219,272)	2,728
35. Rent - Equipment & Vehicles	0	0	3,270	3,270	0	3,270	492	3,762
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	390,237	390,237	0	390,237	(144,770)	245,467
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	108,234	0	108,234	0	108,234	(2,420)	105,814
40. Barber and Beauty Shop	0	0	3,712	3,712	0	3,712	0	3,712
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	37,778	37,778	0	37,778	0	37,778
43. Other (specify):*	0	0	126,128	126,128	0	126,128	(126,128)	0
44. Total Special Cost Ce	0	108,234	167,618	275,852	0	275,852	(128,548)	147,304
45. Grand Total	1,626,248	290,728	1,256,374	3,173,350	0	3,173,350	(183,378)	2,989,972

	After	
	Operating	Consolidation
General Service Cost Center		
1. Cash on hand and in banks	131,244	131,244
2. Cash - Patient Deposits	10,378	10,378
3. Accounts & Notes Recievable	348,930	348,930
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	61,274	61,274
7. Other Prepaid Expenses	16,614	16,614
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	568,440	568,440
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	183,183
14. Buildings, at Historical Cost	0	982,524
15. Leasehold Improvements, Historical Cost	381,440	380,631
16. Equipment, at Historical Cost	108,559	495,853
17. Accumulated Depreciation (book methods)	-191,520	-806,747
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	7,979	392,725
20. Accum Amort - Org/Pre-Op Costs	-7,979	-267,633
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	298,479	1,360,536
25. Total Assets	866,919	1,928,976
CURRENT LIABILITIES		
26. Accounts Payable	218,587	218,587
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	9,509	9,509
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	71,213	71,213
31. Accrued Taxes Payable	2,306	2,306
32. Accrued Real Estate Taxes	149,735	149,735
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	254,106	254,106
37. Other Current Liabilities (specify):	105,520	105,520
38. Total Current Liabilities	810,976	810,976
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	1,500,000
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	0	1,500,000
46.Total Liabilities	810,976	2,310,976
47.Total Equity	55,943	-382,000
48.Total Liabilities and Equity	866,919	1,928,976

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,700,883
2. Discounts and Allowances for all Levels	-96,273
Subtotal - Inpatient Care	2,604,610
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	315,310
7. Oxygen	270
Subtotal - Ancillary Revenue	315,580
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	974
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	24,503
18. Sale of Supplies to Non-Patients	0
19. Laboratory	5,052
20. Radiology and X-Ray	2,947
21. Other Medical Services	51,408
22. Laundry	0
Subtotal - Other Operating Revenue	84,884
24. Contributions	0
25. Interest and Other Investments Income	490
Subtotal - Non-Operating Revenue	490
27. Other Revenue (specify):	161
28. Other Revenue (specify):	0
Subtotal - Other Revenue	161
30. Total Revenue	3,005,725
31. General Services	809,065
32. Health Care	2,991,229
33. General Administration	1,042,837
34. Ownership	661,768
35. Special Cost Centers	414,853
35. Provider Participation Fee	63,136
37. Other	0
40. Total Expenses	5,982,888
41. Income Before Income Taxes	-2,977,163
42. Income Taxes	0
43. Net Income or Loss for the Year	-2,977,163

Page

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23